

# Behavior Change Interventions

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## **BCI: Communication and Social Mobilization**

The Behavior Change Interventions (BCI) technical component of the Maternal and Neonatal Health (MNH) Program promotes attitudes, knowledge, skills and capacity that advance preparedness for birth and readiness in the event of complications. This is the overall goal of the MNH Program's BCI component. Achieving it requires both communication and social mobilization strategies.

Communication strategies have been successfully used to guide behavioral and normative change. Such strategies identify critical audiences and appropriate channels to reach each of them. They promote messages that position healthy behaviors as a desirable individual and social norm, and they encourage acting upon intentions.

Social mobilization strategies have been successfully used to involve all segments of society in dialogue about issues of concern and action to promote changes from the policy to the individual level. Multisectoral coalitions are the mechanism for social mobilization, fostering local capacity, shared commitment and mutual accountability for maternal and newborn health.

The BCI technical component complements the MNH Program's service delivery and policy components by facilitating behavioral and normative change at all levels to increase access to, demand for and use of skilled care.

## **Informed Demand and Collective Action for Skilled Care**

The BCI technical component promotes interventions that:

### **Increase knowledge of life-saving practices and skills among women, families, providers, communities and policymakers**

Having correct information is fundamental to behavior change and collective action efforts. The aim of BCI is to increase knowledge among women, families, providers, communities and policymakers of the skills and practices that reduce maternal and neonatal mortality. Improved knowledge can strengthen appreciation for the role of skilled care in saving lives, and it can motivate all to work toward making skilled care more available to women at the time of birth and to newborns immediately after birth.

### **Foster multisectoral coalitions that move people to action, based on that knowledge**

Through social mobilization, BCI fosters dissemination of that knowledge to groups as a basis for dialogue and partnership between and among individuals, communities, healthcare providers and facilities in both public and private sectors to galvanize and focus action on improving maternal and neonatal survival.

### **Build capacity for individual and collective action**

Collective action and "learning by doing" develop skills in problem solving, strategic planning and resource mobilization to promote maternal and neonatal health. These skills enable communities to engage in dialogue and collaborative action with the

health sector to improve services and policies on a sustained basis.

### **Enhance trust between clients and providers, communities and facilities**

Non-use of providers and facilities often results from a lack of trust between providers and the communities they serve. This lack of trust is usually an outcome of experiences with poor service provision. Improving levels of trust between the individuals as well as between the collectives is integral to collaboration and focused action for improved maternal and neonatal survival. Increased trust can also lead to improved utilization of skilled care. In turn, experience with quality service provision that saves lives will increase community confidence in providers and facilities.

### **Raise expectations of quality care among all**

One of the anticipated results from increased knowledge of life-saving practices is that it will lead to higher expectations of quality of care. BCI promotes raising expectations of quality of care by encouraging clients, communities and providers to express their expectations of care. The differences, or gaps, between what they expect and what they receive or provide are analyzed, and together they find solutions to close the gaps.

### **Create informed demand among clients and communities**

By focusing on raising awareness, fostering coalitions, building capacity, enhancing trust, and raising expectations of quality care, BCI encourages clients and communities to know what to expect from maternal and neonatal health services, and to work with providers and facilities to reach and improve quality of care standards.

### **Skilled Care: The Heart of Birth Preparedness and Complication Readiness**

The pervasive belief that birth is a normal and uneventful occurrence that women undergo alone, or with a trusted person, is the major challenge confronting the BCI component. We work to change that belief to one in which birth is still considered a normal event, but one for which all

concerned can and must prepare, because there is always the risk of a life-threatening complication.

A key element of preparedness is identifying and seeking a skilled provider to be by the pregnant woman's side, to help with the normal birth and to be ready in the event of complications. Identifying a skilled birth provider, knowing how to reach that provider and having adequate funds available to pay for the expenses incurred are examples of how individuals and families can prepare for birth. Having communal transportation schemes and/or emergency schemes is an example of how villages can be ready. Advocating for skilled providers, 24-hour services, improved roads and communications systems is an example of what communities and families can do together for readiness. Finally, collaboration among the health center, the village and the district hospital for efficient referral is an example of how they can help each other be prepared and ready to provide skilled care to women at the time of birth.

### **BP/CR Reduces Delays in Receiving Skilled Care**

Delays that occur in the process of deciding to seek care, reaching care and receiving care are critical contributors to maternal and neonatal deaths. Birth preparedness and complication readiness (BP/CR) is based on the assumption that advanced preparation for birth and readiness for potential complications can reduce these delays. BP/CR is a strategy to reduce these delays by anticipating the factors that most commonly cause each delay. These factors often include perceptions of illness severity, widespread fatalism, availability of transport, cost considerations, gender inequalities, accessibility and quality of services and availability of staff and supplies. The BP/CR matrix is a programming tool that leads to preparedness and readiness among all concerned. It includes policies, knowledge, behaviors and skills that address the delay-causing factors at each of the levels where delays can occur. BP/CR is intended for use with policymakers, facility managers, providers, communities, families and individual women. All of these individuals can help to improve birth preparedness, complication readiness and the survival of mothers and newborns.

**For more information about the MNH Program visit our website:**  
[www.mnh.jhpiego.org](http://www.mnh.jhpiego.org)

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